111TH CONGRESS 1ST SESSION H.R. 2531

To amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs.

IN THE HOUSE OF REPRESENTATIVES

May 20, 2009

Mrs. NAPOLITANO (for herself, Ms. DEGETTE, Mr. TIM MURPHY of Pennsylvania, Mr. FRANK of Massachusetts, Ms. BORDALLO, Ms. ROYBAL-AL-LARD, Mr. COSTELLO, Mrs. BONO MACK, Mr. BISHOP of Georgia, Mr. KENNEDY, Mr. SERRANO, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. BALDWIN, Mr. OLVER, Mr. BACA, Mr. MCGOVERN, Mrs. CHRISTENSEN, Mr. RODRIGUEZ, Mr. GENE GREEN of Texas, Mr. SESTAK, and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

- To amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the "Mental Health in5 Schools Act of 2009".

1 SEC. 2. FINDINGS.

2 Congress makes the following findings:

3 (1) Approximately 1 in 5 children have a
4 diagnosable mental disorder.

5 (2) Approximately 1 in 10 children have a seri-6 ous emotional or behavioral disorder that is severe 7 enough to cause substantial impairment in func-8 tioning at home, at school, or in the community. It 9 is estimated that about 75 percent of children with 10 emotional and behavioral disorders do not receive 11 specialty mental health services.

(3) Only half of schools across the United
States report having formal partnerships with community mental health providers to deliver mental
health services.

(4) If a school is going to respond to the mental
health needs of its students, it must have access to
resources that provide family-centered, culturally
and linguistically appropriate supports and services.

20 (5) Effective school mental health programs re21 flect the collaboration and commitment of families,
22 students, educators, and other community partners.

(6) Many schools have school-employed mental
health providers supporting student's social, emotional, and behavioral health needs in schools. The
most common types of staff providing mental health

services in schools were school counselors, followed
 by school nurses, school psychologists and school so cial workers. Three-quarters of schools had at least
 one school counselor on staff, over two-thirds had a
 school psychologist or school nurse, and 44 percent
 had a school social worker.

7 (7) Although it is well recognized that mental 8 health directly affects children's learning and devel-9 opment, in a recent study one-third of school dis-10 tricts reported decreased funding for school mental 11 health services, and at the same time two-thirds of 12 school districts reported increased need for such 13 services.

14 SEC. 3. PURPOSES.

15 It is the purpose of this Act to—

16 (1) revise, increase funding for, and expand the
17 scope of the Safe Schools-Healthy Students program
18 in order to provide access to more comprehensive
19 school-based mental health services and supports;

20 (2) provide for comprehensive staff development
21 for school and community service personnel working
22 in the school; and

23 (3) provide for comprehensive training for chil24 dren with mental health disorders, for parents, sib-

1	lings, and other family members of such children,
2	and for concerned members of the community.
3	SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE
4	ACT.
5	(a) TECHNICAL AMENDMENTS.—The second part G
6	(relating to services provided through religious organiza-
7	tions) of title V of the Public Health Service Act (42
8	U.S.C. 290kk et seq.) is amended—
9	(1) by redesignating such part as part J; and
10	(2) by redesignating sections 581 through 584
11	as sections 596 through 596C, respectively.
12	(b) School-Based Mental Health and Chil-
13	DREN AND VIOLENCE.—Section 581 of the Public Health
14	Service Act (42 U.S.C. 290hh) is amended to read as fol-
15	lows:
16	"SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-
17	DREN AND VIOLENCE.
18	"(a) IN GENERAL.—The Secretary, in collaboration
19	with the Secretary of Education and in consultation with
20	the Attorney General, shall, directly or through grants,
21	contracts, or cooperative agreements awarded to public en-
22	tities and local education agencies, assist local commu-
23	nities and schools in applying a public health approach
24	to mental health services both in schools and in the com-
25	munity. Such approach should provide comprehensive age

•HR 2531 IH

appropriate services and supports, be linguistically and
 culturally appropriate, and incorporate age appropriate
 strategies of positive behavioral interventions and sup ports. A comprehensive school mental health program
 funded under this section shall assist children in dealing
 with violence.

7 "(b) ACTIVITIES.—Under the program under sub8 section (a), the Secretary may—

9 "(1) provide financial support to enable local 10 communities to implement a comprehensive cul-11 turally and linguistically appropriate, and age-appro-12 priate, school mental health program that incor-13 porates positive behavioral interventions and sup-14 ports to foster the health and development of chil-15 dren;

"(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

"(3) provide assistance to local communities in
the development of policies to address child and adolescent mental health issues and violence when and
if it occurs;

23 "(4) facilitate community partnerships among
24 families, students, law enforcement agencies, edu25 cation systems, mental health and substance use dis-

	-
1	order service systems, family-based mental health
2	service systems, welfare agencies, health care service
3	systems, and other community-based systems; and
4	"(5) establish mechanisms for children and ado-
5	lescents to report incidents of violence or plans by
6	other children or adolescents to commit violence.
7	"(c) Requirements.—
8	"(1) IN GENERAL.—To be eligible for a grant,
9	contract, or cooperative agreement under subsection
10	(a), an entity shall—
11	"(A) be a partnership between a local edu-
12	cation agency and at least one community pro-
13	gram or agency that is involved in mental
14	health; and
15	"(B) submit an application, that is en-
16	dorsed by all members of the partnership, that
17	contains the assurances described in paragraph
18	(2).
19	"(2) Required assurances.—An application
20	under paragraph (1) shall contain assurances as fol-
21	lows:
22	"(A) That the applicant will ensure that,
23	in carrying out activities under this section, the
24	local educational agency involved will enter into
25	a memorandum of understanding—

	•
1	"(i) with, at a minimum, public or
2	private mental health entities, health care
3	entities, law enforcement or juvenile justice
4	entities, child welfare agencies, family-
5	based mental health entities, families and
6	family organizations, and other commu-
7	nity-based entities; and
8	"(ii) that clearly states—
9	"(I) the responsibilities of each
10	partner with respect to the activities
11	to be carried out;
12	"(II) how each such partner will
13	be accountable for carrying out such
14	responsibilities; and
15	"(III) the amount of non-Federal
16	funding or in-kind contributions that
17	each such partner will contribute in
18	order to sustain the program.
19	"(B) That the comprehensive school-based
20	mental health program carried out under this
21	section supports the flexible use of funds to ad-
22	dress—
23	"(i) the promotion of the social, emo-
24	tional, and behavioral health of all students

1	in an environment that is conducive to
2	learning;
3	"(ii) the reduction in the likelihood of
4	at risk students developing social, emo-
5	tional, behavioral health problems, or sub-
6	stance use disorders;
7	"(iii) the early identification of social,
8	emotional, behavioral problems, or sub-
9	stance use disorders and the provision of
10	early intervention services;
11	"(iv) the treatment or referral for
12	treatment of students with existing social,
13	emotional, behavioral health problems, or
14	substance use disorders; and
15	"(v) the development and implementa-
16	tion of programs to assist children in deal-
17	ing with violence.
18	"(C) That the comprehensive school-based
19	mental health program carried out under this
20	section will provide for in-service training of all
21	school personnel, including ancillary staff and
22	volunteers, in—
23	"(i) the techniques and supports need-
24	ed to identify early children with, or at risk
25	of, mental illness;

- "(ii) the use of referral mechanisms
 that effectively link such children to treat ment and intervention services in the
 school and in the community;
- 5 "(iii) strategies that promote a school-6 wide positive environment;
- 7 "(iv) strategies for promoting the so8 cial, emotional, mental, and behavioral
 9 health of all students; and
- "(v) strategies to increase the knowledge and skills of school and community
 leaders on the application of a public
 health approach to comprehensive schoolbased mental health programs.
- "(D) That the comprehensive school-based
 mental health program carried out under this
 section will include comprehensive training for
 parents, siblings, and other family members of
 children with mental health disorders, and for
 concerned members of the community in—
- 21 "(i) the techniques and supports need22 ed to identify early children with, or at risk
 23 of, mental illness;

24 "(ii) the use of referral mechanisms25 that effectively link such children to treat-

	10
1	ment and intervention services in the
2	school and in the community; and
3	"(iii) strategies that promote a school-
4	wide positive environment.
5	"(E) That the comprehensive school-based
6	mental health program carried out under this
7	section will demonstrate the measures to be
8	taken to sustain the program after funding
9	under this section terminates.
10	"(F) That the local education agency part-
11	nership involved is supported by the State edu-
12	cational and mental health system to ensure
13	that the sustainability of the programs is estab-
14	lished after funding under this section termi-
15	nates.
16	"(G) That the comprehensive school-based
17	mental health program carried out under this
18	section will be based on evidence-based prac-
19	tices.
20	"(H) That the comprehensive school-based
21	mental health program carried out under this
22	section will be coordinated with early inter-
23	vening activities carried out under the Individ-
24	uals with Disabilities Education Act.

"(I) That the comprehensive school-based mental health program carried out under this section will be culturally and linguistically appropriate.

5 "(J) That the comprehensive school-based 6 mental health program carried out under this 7 section will include a broad needs assessment of 8 youth who drop out of school due to policies of 9 'zero tolerance' with respect to drugs, alcohol, 10 or weapons.

11 "(K) That the mental health services provided through the comprehensive school-based mental health program carried out under this section will be provided by qualified mental and behavioral health professionals who are certified or licensed by the State involved and practicing within their area of expertise.

18 "(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
19 shall ensure that grants, contracts, or cooperative agree20 ments under subsection (a) will be distributed equitably
21 among the regions of the country and among urban and
22 rural areas.

23 "(e) DURATION OF AWARDS.—With respect to a
24 grant, contract, or cooperative agreement under sub25 section (a), the period during which payments under such

1

2

3

an award will be made to the recipient shall be 5 years.
 An entity may receive only one award under this section,
 except that an entity that is providing services and sup ports on a regional basis may receive additional funding
 after the expiration of the preceding grant period.

6 "(f) EVALUATION AND MEASURES OF OUTCOMES.—
7 "(1) DEVELOPMENT OF PROCESS.—The Ad8 ministrator shall develop a process for evaluating ac9 tivities carried out under this section. Such process
10 shall include—

11 "(A) the development of guidelines for the
12 submission of program data by grant, contract,
13 or cooperative agreement recipients;

"(B) the development of measures of outcomes (in accordance with paragraph (2)) to be
applied by such recipients in evaluating programs carried out under this section; and

18 "(C) the submission of annual reports by
19 such recipients concerning the effectiveness of
20 programs carried out under this section.

21 "(2) Measures of outcomes.—

"(A) IN GENERAL.—The Administrator
shall develop measures of outcomes to be applied by recipients of assistance under this section, and the Administrator, in evaluating the

1 effectiveness of programs carried out under this 2 section. Such measures shall include student 3 and family measures as provided for in sub-4 paragraph (B) and local educational measures 5 as provided for under subparagraph (C). 6 "(B) STUDENT AND FAMILY MEASURES OF 7 OUTCOMES.—The measures of outcomes devel-8 oped under paragraph (1)(B) relating to stu-9 dents and families shall, with respect to activi-10 ties carried out under a program under this 11 section, at a minimum include provisions to 12 evaluate---"(i) whether the program resulted in 13 14 an increase in social and emotional com-15 petency; "(ii) whether the program resulted in 16 17 an increase in academic competency; 18 "(iii) whether the program resulted in 19 a reduction in disruptive and aggressive 20 behaviors; "(iv) whether the program resulted in 21 22 improved family functioning; "(v) whether the program resulted in 23 24 a reduction in substance use disorders:

	11
1	"(vi) whether the program resulted in
2	a reduction in suspensions, truancy, expul-
3	sions and violence;
4	"(vii) whether the program resulted in
5	increased graduation rates; and
6	"(viii) whether the program resulted
7	in improved access to care for mental
8	health disorders.
9	"(C) LOCAL EDUCATIONAL OUTCOMES.—
10	The outcome measures developed under para-
11	graph $(1)(B)$ relating to local educational sys-
12	tems shall, with respect to activities carried out
13	under a program under this section, at a min-
14	imum include provisions to evaluate—
15	"(i) the effectiveness of comprehensive
16	school mental health programs established
17	under this section;
18	"(ii) the effectiveness of formal part-
19	nership linkages among child and family
20	serving institutions, community support
21	systems, and the educational system;
22	"(iii) the progress made in sustaining
23	the program once funding under the grant
24	has expired;

	10
1	"(iv) the effectiveness of training and
2	professional development programs for all
3	school personnel that incorporate indica-
4	tors that measure cultural and linguistic
5	competencies under the program in a man-
6	ner that incorporates appropriate cultural
7	and linguistic training;
8	"(v) the improvement in perception of
9	a safe and supportive learning environment
10	among school staff, students, and parents;
11	"(vi) the improvement in case-finding
12	of students in need of more intensive serv-
13	ices and referral of identified students to
14	early intervention and clinical services;
15	"(vii) the improvement in the imme-
16	diate availability of clinical assessment and
17	treatment services to students posing a
18	danger to themselves or others;
19	"(viii) the increased successful matric-
20	ulation to postsecondary school; and
21	"(ix) reduced referrals to juvenile jus-
22	tice
23	"(3) SUBMISSION OF ANNUAL DATA.—An entity
24	that receives a grant, contract, or cooperative agree-
25	ment under this section shall annually submit to the

Administrator a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

8 "(4) EVALUATION BY ADMINISTRATOR.—Based 9 on the data submitted under paragraph (3), the Ad-10 ministrator shall annually submit to Congress a re-11 port concerning the results and effectiveness of the 12 programs carried out with assistance received under 13 this section.

14 "(g) INFORMATION AND EDUCATION.—The Sec-15 retary shall establish comprehensive information and edu-16 cation programs to disseminate the findings of the knowl-17 edge development and application under this section to the 18 general public and to health care professionals.

19 "(h) Amount of Grants and Authorization of20 Appropriations.—

21 "(1) AMOUNT OF GRANTS.—A grant under this
22 section shall be in an amount that is not more than
23 \$1,000,000 for each of grant years 2010 through
24 2014. The Secretary shall determine the amount of
25 each such grant based on the population of children

up to age 21 of the area to be served under the
 grant.

3 "(2) AUTHORIZATION OF APPROPRIATIONS.—
4 There is authorized to be appropriated to carry out
5 this section, \$200,000,000 for each of fiscal years
6 2010 through 2014.".

7 (c) CONFORMING AMENDMENT.—Part G of title V of
8 the Public Health Service Act (42 U.S.C. 290hh et seq.),
9 as amended by this section, is further amended by striking
10 the part heading and inserting the following:

11 "PART VII—SCHOOL-BASED MENTAL HEALTH".

 \bigcirc